Rractitioner's Docket

U 014996-9

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In # application of: Ehud COHEN, et al

al No.: 10/761,005

Group No.: 3735

Filed: January 20, 2004 Examiner: N. Natnithithadha For: LOW POWER CONSUMPTION INPLANTABLE PRESSURE SENSOR

Commissioner for Patents P. O. Box 1450

Alexandria, VA 22313-1450

TRANSMITTAL

WARNING: Failure to file a complete response in compliance with § 1.135(c) leads to a reduction in patent term adjustment - See § 1.704(c)(7).

1. Transmitted herewith is an amendment for this application.

STATUS

2.	The application is qualified as				
	\boxtimes	small entity.			
		other than a small entity.			
		CERTIFICATION UNDER 37 C.F.R. 1.8(a) and 1.10*			
		(When using Express Mail, the Express Mail label number is mandatory;			

Express Mail certification is optional.)

I hereby certify that, on the date shown below, this correspondence is being:

	M	AILING					
\boxtimes	deposited with the United States Postal Service in an envelope addressed to the Commissioner for Patents, P. O. Box						
	1450, Alexandria, VA 22313-1450.						
	37 C.F.R. 1.8(a)		37 C.F.R. 1.10*				
×	with sufficient postage as first class mail.		as "Express Mail Post Office to Address"				
			Mailing Label No (mandatory)				
	TRAN	SMISSION					
	transmitted by facsimile to the Patent and Tradem	ark Office. to	93) 872-9306				
Date:	May 21, 2007	Signa					
		/ //	CLIFFORD J. MASS				
		/ Ktype o	or print name of person certifying)				

Only the date of filing (§ 1.6) will be the date used in a potent term adjustment calculation, although the date on any certificate of mailing or transmission under § 1.8 continues to be taken into account in determining timeliness. See § 1.703(f). Consider "Express Mail Post Office to Addressee" (§ 1.10) or facsimile transmission (§ 1.6(d)) for the reply to be accorded the earliest possible filing date for patent term adjustment calculations.

(Amendment Transmittal—page 1 of 4) 9-19

EXTENSION OF TERM

NOTE:	a Non-F	inal Office		pplement Amendments) — If a timely and co n of time is not required to permit filing and/ nory period		=			
				uory perioa. r a Final Office Action, an extension of tim	e is reauire	ed to permit filing and/or			
	-			Vor entry of an additional amendment after e					
				placed the application in condition for allow					
	has beer O.G. 34	-	hin the shortened stat	utory period, the period has ceased to run."	Notice of L	December 10, 1985 (1061			
NOTE:			.645 for extensions o	of time in interference proceedings, and 37	C.F.R. § 1	.550(c) for extensions of			
	See 37 C.F.R. §1.645 for extensions of time in interference proceedings, and 37 C.F.R. § 1.550(c) for extensions of time in reexamination proceedings.								
NOTE:		**		nt shall be deemed to have failed to engag ication for the cumulative total of any perio					
	•	_		cation for the cumulative total of any perio action by the Office making any rejection, ob	=	•			
	measuri	ng such th	hree-month period fr	om the date the notice or action was mailed	d or given t	o the applicant, in which			
				in § 1.703 shall be reduced by the number of					
				r the date of mailing or transmission of the rgument, or other request and ending on the					
		-	•	y that is set in the Office action or notice has					
	set forth	in this po	aragraph."						
3.	The pr	The proceedings herein are for a patent application and the provisions of 37 C.F.R. 1.136 apply.							
	(complete (a) or (b), as applicable)								
	(a)	Applicant petitions for an extension of time under 37 C.F.R. 1.136 (fees: 37 C.F.R. 1.17(a)(1)-(4)) for the total number of months checked below							
		(months)		Fee for other than small entity	small entity				
		one month		\$ 120.00	\$	60.00			
		two m		\$ 450.00	\$	225.00			
			months	\$ 1,020.00	\$ \$	510.00			
			nonths	\$ 1,590.00	\$	795.00			
				•					
	L	five months		\$ 2,160.00	5 .	1,080.00			
	Fee: \$								
If an a	dditiona	l extens	sion of time is re	quired, please consider this a petit	tion there	efor.			
			(check and c	omplete the next item, if applicable	le)				
		☐ An extension for months has already been secured. The fee paid therefor of							
	\$ is deducted from the total fee due for the total months of extension								
	now requested.								
	Extension fee due with this request \$								
				OR					
	(b)	\boxtimes	Applicant beli	eves that no extension of term is	required.	However, this is a			

conditional petition being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for extension of time.

FEE FOR CLAIMS

4. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

	((Col. 1)	(Col. 2)		SMALL ENTITY		OTHER THAN A SMALL ENTITY			
	R	Claims emaining After nendment	Highest No. Previously Paid For	Present Extra	Rate	Addit. Fee	O R	Rate	Addit. Fee	
Total	*	Minus	**	=	x \$ 25	\$		x \$ 50=	\$	
Indep.	*	Minus	***	-	x \$ 100	\$		x \$ 200	\$	
□Firs Claim		entation of N	Aultiple Depen	dent	+ \$180=	\$		+ \$360=	\$	
			Total Addit. Fee			\$	O R	Total Addit. Fee	\$	
** *** WARNII	If the " The "H I of a p	If the "Highest No. Previously Paid For" IN THIS SPACE is less than 20, enter "20". If the "Highest No. Previously Paid For" IN THIS SPACE is less than 3, enter "3". The "Highest No. Previously Paid For" (Total or Indep.) is the highest number found in the appropriate box in Col. of a prior amendment or the number of claims originally filed. If the "Highest No. Previously Paid For" (Total or Indep.) is the highest number found in the appropriate box in Col. of a prior amendment or the number of claims originally filed. If the "Highest No. Previously Paid For" IN THIS SPACE is less than 20, enter "20". If the "Highest No. Previously Paid For" IN THIS SPACE is less than 20, enter "20". If the "Highest No. Previously Paid For" IN THIS SPACE is less than 20, enter "20". If the "Highest No. Previously Paid For" IN THIS SPACE is less than 20, enter "20". If the "Highest No. Previously Paid For" IN THIS SPACE is less than 20, enter "20". If the "Highest No. Previously Paid For" IN THIS SPACE is less than 20, enter "20". If the "Highest No. Previously Paid For" IN THIS SPACE is less than 20, enter "20". If the "Highest No. Previously Paid For" IN THIS SPACE is less than 3, enter "20". If the "Highest No. Previously Paid For" IN THIS SPACE is less than 3, enter "20". If the "Highest No. Previously Paid For" IN THIS SPACE is less than 3, enter "20". If the "Highest No. Previously Paid For" IN THIS SPACE is less than 3, enter "20". If the "Highest No. Previously Paid For" IN THIS SPACE is less than 3, enter "20". If the "Highest No. Previously Paid For" IN THIS SPACE is less than 3, enter "20". If the "Highest No. Previously Paid For" (Total or Indep.) is the highest number found in the appropriate box in Col. If the "Highest No. Previously Paid For" (Total or Indep.) is the highest number found in the appropriate box in Col. If the "Highest No. Previously Paid For" (Total or Indep.) is the highest number found in the appropriate box in Col. If the "All Paid For Paid For Paid For Paid For Paid For Paid								
	(c)	⊠ N	Io additional fe	e for claim	s is required	i .				
				OF	R					
	(d) Total additional fee for class					1 \$				
				FEE PAY	MENT					
5.		Attached	is a check in th	ne sum of \$						
		Charge Account No. 12-0425 the sum of \$								

A duplicate of this transmittal is attached.

FEE DEFICIENCY OR OVERPAYMENT

NOTE: If there is a fee deficiency and there is no authorization to charge an account, additional fees are necessary to cover the additional time consumed in making up the original deficiency. If the maximum, six-month period has expired before the deficiency is noted and corrected, the application is held abandoned. In those instances where authorization to charge is included, processing delays are encountered in returning the papers to the PTO Finance Branch in order to apply these charges prior to action on the cases. Authorization to charge the deposit account for any fee deficiency should be checked. See the Notice of April 7, 1986, (1065 O.G. 31-33).

6.

If any additional extension and/or fee is required, charge Account No. 12-0425.

AND/OR

If any additional fee for claims is required, charge Account No. 12-0425

AND/OR

Refund any overpayment to Account No. <u>12-0425</u>.

SIGNATURE OF PRACTITIONER

CLIFFORD J. MASS

(type or print name of practitioner)

P.O. Address

c/o Ladas & Parry LLP 26 West 61 Street New York, N.Y. 10023

Reg. No. 30086

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Customer No.:

00140

PATENT TRADEMARK OFFICE

MAY 2 3 2007

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In Application of : Ehud COHEN et al.

:

Appl. No.: 10/761,005 : Group Art Unit: 3735

Filed : January 20, 2004 : Examiner: N. Natnithithadha

:

Confirmation No.: 1642

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For : LOW POWER CONSUMPTION IMPLANTABLE PRESSURE SENSOR

May 21, 2007

Honorable Commissioner of Patents and Trademarks P.O. Box 1450 Alexandria, VA 22313-1450

AMENDMENT

Sir:

In response to an official action dated April 23, 2007, kindly amend the above-referenced application as follows:

Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this paper.

Remarks begin on page 5 of this paper.